

DISASTER EMERGENCY PROCLAMATION

GUIDELINES

1. Disaster Emergency Proclamations (ADEM Form 210) are used to show that the emergency and/or disaster have exceeded the capability of the local jurisdiction and state assistance is necessary to respond, recover, and mitigate. As referenced by Arkansas Code Annotated § 12-75-108.
2. Verbal disaster declarations will only be accepted from the Chief Executive Official (CEO) of the local government jurisdiction (i.e. County Judge), as referenced by Arkansas Code Annotated § 12-75-108. If the County Judge is unavailable or incapacitated, the county is required to follow its line of succession as referenced by Arkansas Code Annotated § 14-14-1310 and their County Emergency Operations Plan (EOP). The lines of successions are required to be on file with the Arkansas Department of Emergency Management with sixty (60) days from the beginning of the elected term of office. Verbal declarations may be issued by calling the State Emergency Operations Center (SEOC) at 501-683-6700.
3. It is recommended that municipality proclamations by the Mayor be submitted to the County Judge for consideration of a County Proclamation. Only exceptions include the City of Little Rock and the City of North Little Rock as they are recognized as two of the 77 Emergency Management jurisdictions.
4. Disaster Emergency Proclamation forms are required to be submitted in two parts.
 - a. Part I – Proclamation Form must be completed in full with two signatures from the County Judge and County Clerk.
 - b. Part II – Request for Assistance Form must be completed with the necessary assistance requested information (i.e. State Resources, Individual Assistance Program, and/or Public Assistance Program)

Written declarations are not complete without submission of both parts I and II

5. Written Disaster Emergency Proclamation forms must be submitted with five (5) business days of the event. They can be emailed to ADEM@adem.arkansas.gov or faxed to 501-683-7890. Originals can be mailed to the following address.
6. A written withdrawal of a Disaster Emergency Proclamation can be emailed to ADEM@adem.arkansas.gov or mailed to the following address.

**Arkansas Department of Emergency Management
Attn: Disaster Management Division Director
Bldg 9501, Camp Joseph T. Robinson
North Little Rock, AR 72199**

DISASTER EMERGENCY PROCLAMATION

[Click here to enter County Name](#) County

WHEREAS, on [Use dropdown box to enter a date](#) severe [Click to enter event type](#) occurred in [Click to enter County name](#) County: and

WHEREAS, [Click to enter a number](#) known fatalities and [Click to enter a number](#) injuries have occurred, with considerable damage to public and private properties; and

WHEREAS, immediate attention is required to protect public health, reduce further damage, ensure public safety, and render emergency relief; and

WHEREAS, I, [Click to enter County Judge's Name](#) County Judge of [Click to enter County Name](#) County, do find that the aforementioned conditions constitute a threat to the safety and welfare of the County, and create an emergency disaster situation within the meaning of Act 511 of 1973, as amended (ACA 12-75-103); and

NOW THEREFORE, under the power vested in me under Section 13, of the Arkansas Emergency Services Act 511 of 1973, as amended, and other enabling provisions, I, [Click to enter County Judge's Name](#) County Judge, do hereby declare [Click to enter County Name](#) County to be a disaster area, entitled to aid relief, and assistance and do hereby direct the implementation of the County Emergency Operations Plan.

IN WITNESS WHEREOF, I set my hand and seal to this instrument this [Click to enter the day](#) day of [Click to enter the month](#), at [Click to enter the year](#).

This proclamation shall expire after 120 days, unless otherwise extended by me.

[Click to enter County Judge's Name](#), County Judge

Recorded by:

[Click to enter County Clerk's Name](#), County Clerk

SUBMIT TO ADEM WITHIN FIVE (5) BUSINESS DAYS OF EVENT

DISASTER EMERGENCY PROCLAMATION

REQUEST FOR ASSISTANCE FORM

Click here to enter County name County

PLEASE CHECK ALL THAT APPLY

- ☐ No assistance is requested
- ☐ Other (Agriculture, Drought, Burn Ban, etc) - _____
- ☐ State Resources Requested (Water, Cots, Generators, Etc.)
- Contact the State Emergency Operations Center at 501-683-6700**
- ☐ Individual Assistance is requested as a result of damages to the following homes:
(Provide a number in the space provided)

<u>Private Homes</u>	<u>Mobile Homes</u>	<u>Multi-Family Housing</u>
Destroyed	Destroyed	Destroyed
Major Damage	Major Damage	Major Damage
Minor Damage	Minor Damage	Minor Damage
Affected Damage	Affected Damage	Affected Damage

Percentage of homes insured? _____ %

Level of income in the areas impacted: ☐ Low ☐ Middle ☐ High

- ☐ Public Assistance is requested as a result of damages to the following facilities:
(Check all that apply and provide an estimate of damages)

Categories of Damages	Estimate
<input type="checkbox"/> Category A - Debris Clearance/Removal	\$
<input type="checkbox"/> Category B - Emergency Protective Measures	\$
<input type="checkbox"/> Category C – Roads & Bridges	\$
<input type="checkbox"/> Category D – Water Control Facilities	\$
<input type="checkbox"/> Category E – Buildings & Equipment	\$
<input type="checkbox"/> Category F – Utilities (Including Rural Electric Cooperatives)	\$
<input type="checkbox"/> Category G – Parks, Recreation, and Other	\$
Total Estimate of Damages	\$

ADDITIONAL COMMENTS: